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Dated: April 12, 2004

Signature: \_\_\_\_\_

(Nancy Nolen)

Docket No.: 7353-102C1/10213915  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Raymond Ming Wah Chau

Application No.: 09/989,481

Group Art Unit: 1647

Filed: November 20, 2001

Examiner: Christopher J. Nichols

For: METHODS AND USE OF  
MOTONEURONOTROPHIC FACTORS

**TRANSMITTAL LETTER**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

1. Request for Withdrawal As Attorney Or Agent And Change of Correspondence Address.

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 50-0337, under Order No. 7353-102C1/10213915. A duplicate copy of this paper is enclosed.

Dated: April 12, 2004

Respectfully submitted,

FULBRIGHT & JAWORSKI L.L.P.  
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PTO/SB/83 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	09/989,481
Filing Date	November 20, 2001
First Named Inventor	Raymond Ming Wah Chau
Art Unit	1647
Examiner Name	Christopher J. Nichols
Attorney Docket Number	7353-102C1/10213915

Commissioner for Patents  
To: P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.  
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Accounts are 6 months past due.

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.  
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number   
**OR**

☒ Firm or Individual Name

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Date	April 12, 2004	Telephone No.	(213) 892-9206

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

**Request for Withdrawal as Attorney or Agent**

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Dated: April 12, 2004

Signature: *Nancy Nolen* (Nancy Nolen)